

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/24/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445359	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  01/23/2013
NAME OF PROVIDER OR SUPPLIER  ROGERSVILLE CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 109 HWY 70 NORTH ROGERSVILLE, TN 37857		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	3 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 045 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure exits paths were lighted so the area would not be in total darkness.</p> <p>The findings include:</p> <p>Observation on January 23, 2013 at 9:50 a.m. revealed the exit discharge from the back of the building leading to the public way did not have adequate lighting.</p> <p>This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on January 23, 2013.</p>	C 045	<p>What corrective action will be accomplished for the residents found to have been affected by the deficient practices?</p> <p>On 1/23/13, the plant ops staff immediately notified the regional plant ops director who scheduled a site assessment for January 29th to determine needed supplies and equipment to install lighting.</p> <p>On 2/6/13 plant ops staff completed purchase of supplies and equipment for lighting installation.</p> <p>Installation of exterior lighting is scheduled to begin on 2/11/13 by Regional plant ops director with the assistance of the plant ops staff.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practices and what corrective action will be taken?</p>	2/15/13	
K 056 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler</p>	C 056	<p>What corrective action will be accomplished for the residents found to have been affected by the deficient practices?</p> <p>On 1/23/13, the plant ops staff immediately notified East Tenn. Sprinkler who scheduled a site assessment for sprinkler system on 2/5/13</p> <p>On 2/7/13 East Tenn. Sprinkler scheduled repairs to be completed on sprinkler's quick opening device and water flow alarm indicator on 2/22/13.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practices and what corrective action will be taken?</p>	2/28/13	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Carol Lawson

Administrator

2/8/13

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN3702	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  01/24/2013
NAME OF PROVIDER OR SUPPLIER  ROGERSVILLE CARE & REHABILITATION CENTER		STREET ADDRESS CITY, STATE, ZIP CODE 109 HWY 70 NORTH ROGERSVILLE TN 37857		
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K045	(Cont. from pg. 1 of 3)	KC45	<p>Exit discharge areas on the exterior of the building were examined by the plant ops staff on 1/23/13 and again by Regional plant ops director on 1/29/13 and no additional areas requiring illumination were identified.</p> <p>What Measures will be put into place or what systemic changes will you make to ensure the deficient practice does not reoccur?</p> <p>On 2/8/13 the interim plant ops director modified the monthly preventive maintenance checklist to include inspection of the means of egress by means of exit discharge paths to assure the paths are lighted so the areas would not be in total darkness.</p> <p>The maintenance staff will complete the preventive maintenance checks and any issues identified will be reported to the Maintenance Director and addressed immediately.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not reoccur, i.e. what quality assurance program will be put into place?</p> <p>The Performance Improvement Process Committee (Administrator, DON, ADON's, SSD, Dietary Manager, Maintenance Director, Env. Service Director, BOM, HRD, QOLD, Medical Director, FNP and Chaplain) will review monthly the preventative Maintenance inspections by the Maintenance staff on egress by means of exit discharge path lighting to ensure inspections are completed and documented timely and that any areas of concern are addressed immediately.</p>	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Carol Lawson*

TITLE

*Administrator*

(X6) DATE

2/8/13

STATE FORM

0399

RTWW11

(continuation sheet)

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K 056	Continued From page 1 systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5  This STANDARD is not met as evidenced by: Based on record review, the facility failed to assure the automatic sprinkler system was being maintained.  The findings include:  Record review on January 23, 2013 at 8:30 a.m. revealed the quick opening device did not trip the automatic sprinkler system for water to flow. Upon further record review it was revealed that when the automatic sprinkler did trip no alarm was activated to indicate water flow.  These findings were verified by maintenance and acknowledged by the administrator during the exit conference on January 23, 2013.	K 056	On 2/5/13 East Tenn. Sprinkler made a site visit to reassess the sprinkler system and assure it is maintained in accordance with the NFPA 25, Standard for the inspection, testing and maintenance of water-based fire protection systems. Recommended replacement parts identified were ordered and on 2/7/13 East Tenn. Sprinkler scheduled System Maintenance on 2/22/13.  What Measures will be put into place or what systemic changes will you make to ensure the deficient practice does not reoccur?  East Tenn. Sprinkler will meet with the Plant Ops Director and the Administrator after each Sprinkler System inspection to give a verbal report of findings in addition to the written report. Any areas of concern identified by East Tenn. Sprinkler will then be discussed and addressed immediately.  How will the corrective action be monitored to ensure the deficient practice will not reoccur, i.e. what quality assurance program will be put into place? The Performance Improvement Process Committee (Administrator, DON, ADON's, SSD, Dietary Manager, Maintenance Director, Env. Service Director, BOM, HRD, QOLD, Medical Director, FNP and Chaplain) will review semi-annual Sprinkler System inspection reports from East Tenn. Sprinkler to assure that the system is maintained in accordance with the NFPA 25, Standard for the inspection, testing and maintenance of water-based fire protection systems and that any areas of concern identified are addressed immediately.	
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to maintain their Heating, Venting, and Air	K 067	What corrective action will be accomplished for the residents found to have been affected by the deficient practices?  On 1/24/13, the plant ops staff immediately began pursuing bids from licensed HVAC companies in the area to perform 4 year fire and smoke damper maintenance.	2/22/13

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K 067	<p>Continued From page 2 Conditioning (HVAC).</p> <p>The findings include:</p> <p>Record review and interview on January 23, 2013 at 8:40 a.m. revealed that no 4-year fire and smoke damper maintenance was performed by a licensed HVAC company.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on January 23, 2013.</p>	K 067	<p>On 2/5/13 the final bids for fire and smoke damper maintenance was received and reviewed. The approved HVAC company was notified that bid was accepted and fire and smoke damper maintenance is scheduled to begin on 2/11/13.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practices and what corrective action will be taken?</p> <p>On 2/5/13 the final bids for fire and smoke damper maintenance was received and reviewed. The approved HVAC company was notified that bid was accepted and fire and smoke damper maintenance is scheduled to begin on 2/11/13.</p> <p>What Measures will be put into place or what systemic changes will you make to ensure the deficient practice does not reoccur?</p> <p>All fire and smoke damper maintenance will be performed by a licensed HVAC company.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not reoccur, i.e. what quality assurance program will be put into place?</p> <p>The Performance Improvement Process Committee (Administrator, DON, ADON's, SSD, Dietary Manager, Maintenance Director, Env. Service Director, BOM, HRD, QOLD, Medical Director, FNP and Chaplain) will review 4 yr. fire and smoke damper maintenance reports to assure that it was completed by a licensed HVAC company and that any areas of concern identified are addressed immediately.</p>		